

HEALTH BENEFITS OPEN ENROLLMENT

October 31, 8am—November 22, 5pm
2012

Are you in the right
medical plan?

Make sure you're
getting the best value
for your medical
premium dollars.

- Compare UC's value plans—Anthem Lumenos, Health Net Blue & Gold, Kaiser and Western Health Advantage—with your plan. You may be spending more than you need for medical insurance. See page 3 for details.
- The Vision Service Plan network is changing. By moving to the Choice network, UC is saving money and passing some of the savings on to you with an improved contact lens benefit. See page 8 for details.
- Enroll or re-enroll in Health and/or Dependent Care Flexible Spending Accounts. See page 8.
- Coming in 2012: Sittercity family care services. See page 8 for details.
- Use this Open Enrollment period to review all your benefits.

Open Enrollment is online: **atyourservice.ucop.edu**

Go online to the At Your Service website and select the Open Enrollment 2012 icon.

YOUR OPEN ENROLLMENT "TO DO" LIST

- ☐ Review this booklet and the detailed information on the Open Enrollment website to help you make your benefit choices for 2012.
- ☐ Decide whether one of UC's value plans is right for you.
- ☐ Go online to atyourservice.ucop.edu and sign in to your account to make your elections.
- ☐ If you need to enroll or de-enroll your dependents, select "Family Members" from the menu on the left.
- ☐ Use the CONEXIS calculator tools to determine how much you want to contribute to your Health or Dependent Care Flexible Spending Accounts in 2012.
- ☐ Confirm your changes and print a copy of your elections for your records by selecting the print-friendly option on the confirmation page.
- ☐ Review your confirmation statement carefully to ensure that your benefit elections were recorded correctly. You must report any errors or discrepancies to your benefits office immediately.

Any changes you make during Open Enrollment will be effective January 1, 2012.

OVERVIEW OF 2012 PLAN CHANGES

The chart below gives a summary of major changes for 2012. Details of changes in coverage or added benefits are available on the Open Enrollment website (atyourservice.ucop.edu). For complete information about the benefits for each plan, see the evidence of coverage booklet or summary plan description, also available on the Open Enrollment website. You may request copies by calling the plan carriers directly.

ANTHEM LUMENOS PPO WITH HRA	New stand-alone Health Reimbursement Account allows members aging into Medicare to keep their HRA balance. See page 8 for details. Now open to faculty and staff who reside outside the United States.
HEALTH NET BLUE & GOLD HMO	No plan changes; new medical groups and hospitals added. The new groups are listed on the Open Enrollment website.
STAYWELL	To earn the incentive, the health assessment must be completed by June 15, 2012 and the follow-up activity must be completed by December 15, 2012.
VISION SERVICE PLAN	Change from the current Signature network of providers to the Choice network; about 2 percent of UC participants may be affected. The contact lens benefit is increasing. See page 8 for more information.
ARAG LEGAL PLAN	Not open for enrollment.
ACCIDENTAL DEATH & DISMEMBERMENT	Rates decreasing.

Get More Information Online

You'll find more information online to help you make your Open Enrollment decisions. Go to the At Your Service website (atyourservice.ucop.edu) and select the Open Enrollment icon. Then you can:

- Read more about medical plans, plan rates and other important information.
- Use the Medical Plan Chooser to help you find the medical plan best suited to you and your family.
- Find contact information and website links for plan carriers, including links to the medical plans' physician directories.
- Sign in to your personal account to make Open Enrollment changes.

Do You Live Outside California?

You'll find a special section online that gives details about your medical plan choices if you live outside California: Anthem Blue Cross PPO, Anthem Lumenos PPO with HRA, and Core.

Donate Used Eyewear to VSP's Eyes of Hope

During Open Enrollment this year, UC is participating in Eyes of Hope®, VSP's eyewear donation program.

Eyes of Hope helps serve more than one billion people globally who can't afford or don't have access to eyewear. The program helps boost awareness of the importance of eye health and provides an opportunity for UC faculty and staff to support this charitable cause.

Donate your used prescription glasses, readers and sunglasses by dropping them into the Eyes of Hope donation box at your local Benefits Office. VSP Global will refurbish, clean and label them. The glasses are distributed to those in need through world missions.

ARE YOU GETTING THE BEST VALUE FOR YOUR MEDICAL PREMIUMS?

With medical care costs continuing to rise, you may want to consider whether you are getting the best value for your medical premiums. UC provides a wide range of plans and premiums, so you can make choices that balance costs against other factors that are important to you. If you are concerned about the cost of your current plan, compare your plan to one of the value-tier plans. Here is how the value plans stack up:

Health Net Blue & Gold HMO

This plan is a traditional HMO. You choose a primary care physician in the plan’s network to manage your care. Your physician refers you to specialists when needed. Health Net Blue & Gold has exactly the same benefits, copayment amounts and resources to support your health as the Health Net HMO plan. The only difference is the network of doctors, hospitals and other providers. Health Net Blue & Gold’s network generally has the most reasonably priced doctors and hospitals in the region. This includes 100 percent of UC’s medical centers and doctors. If you are in the Health Net HMO and your doctor is in the Blue & Gold network, you could save on your monthly premium without any change in benefits, by changing to Health Net Blue & Gold.

Anthem Lumenos PPO with HRA

The Anthem Lumenos plan is a PPO plan with a UC-funded health reimbursement account (HRA). Similar to the Anthem PPO, you may choose any doctor or hospital you wish, but in-network providers cost less. Likewise, preventive care from network providers in both plans is covered in full, so you pay nothing for these services.

There are also many differences between the two plans:

	ANTHEM LUMENOS	ANTHEM PPO
UC-funded HRA	Covers \$1,000 (single) to \$2,000 (family) of your deductible; if not used, rolls over to next year	No HRA
Your out-of-pocket cost until you meet the deductible	After HRA, \$700 for single coverage to \$1,400 for family coverage (PPO and non-PPO providers) You pay 100% of the cost of medical services and prescription drugs until your deductible is met	\$250 (single coverage) to \$750 (family coverage); PPO providers only. You pay 100% of the cost of medical services until your deductible is met; prescription copay is not included in deductible
Coverage After Deductible	80%	80%
Monthly Premium	\$	\$\$\$

A recent comparison of the two plans by UC’s health insurance consultants found that, in most cases, employees pay less in overall costs under the Lumenos plan than under the Anthem Blue Cross PPO. In general, only single employees with very high claims costs and employees with high pharmacy use may fare better under Anthem Blue Cross PPO.

Here’s an example for an employee with family coverage in Pay Band 2 who uses in-network providers. The example assumes a “worst-case” scenario in which their claims reach the maximum out-of-pocket expenses for the year.

	ANTHEM LUMENOS	ANTHEM PPO
Premium costs for 2012	\$1,614.48	\$4,511.64
Maximum out-of-pocket cost	\$10,000.00	\$9,000.00
Annual Cost	\$11,614.48	\$13,511.64
Minus UC-funded HRA	(\$2,000)	(\$0)
Total Net Cost	\$9,614.48	\$13,511.64

Fortunately, most people don’t meet the annual out-of-pocket maximum, so your costs will likely be lower. You can estimate out-of-pocket costs under the Anthem Lumenos and PPO plans using tools on the Anthem website (anthem.com/ca/uc). With either plan, you’ll want to be sure you are able to pay the deductible and other out-of-pocket costs in the event you need to.

If you think the Anthem Lumenos PPO with HRA might work for you, review the materials on the Anthem website (anthem.com/ca/uc) to understand how the plan works.

Kaiser Permanente/Western Health Advantage

Both Kaiser Permanente and Western Health Advantage are other alternatives to higher-premium plans. Kaiser is an integrated health maintenance organization. Your primary care physician, pharmacist and specialists—all Kaiser employees—are connected through your electronic health record so they can work together for you.

Western Health Advantage is an HMO with a regional network of medical groups, doctors, and hospitals in the Davis/ Sacramento area—including UC Davis Health System. Its Advantage Referral Program allows for specialty care outside the primary medical group.

So, if you’re enrolled in a more expensive plan, make sure it’s the right choice for you. You could be saving money by enrolling in one of UC’s value plans.

CHOOSING THE RIGHT MEDICAL PLAN FOR YOU AND YOUR FAMILY

We have tools to help you choose the right plan for you. The chart below gives you a quick overview of the plans.

UC MEDICAL PLANS	YOUR MONTHLY PAYCHECK DEDUCTION	YOUR COST FOR SERVICES
Anthem Blue Cross PLUS Use a network doctor for highest benefits, however, out-of-network benefits are available	\$\$\$	\$\$ You pay a copay for office visits and hospital stays; annual deductible and higher out-of-pocket expenses and out-of-network services
Anthem Blue Cross PPO May use any doctor without referral from primary care physician; in-network providers cost less	\$\$\$	\$\$\$ Annual deductible and higher out-of-pocket expenses; separate in-network and out-of-network deductibles
Anthem Lumenos PPO with HRA May use any doctor without referral from primary care physician; in-network providers cost less. Health Reimbursement Account covers part of annual deductible before PPO benefits apply	\$	\$\$\$ You pay nothing until Health Reimbursement Account is used up; then you pay all costs until deductible is met. You pay a coinsurance thereafter
Core You may use any doctor	\$0	\$\$\$+ Except for certain preventive services, you pay the full cost until you reach the \$3,000 deductible. Then you pay 20%
Health Net Blue & Gold HMO Must use custom network of providers, except in emergencies	\$\$	\$ No deductible; you pay a copay for office visits and hospital stays; most other services have no charge
Health Net HMO Must use network providers, except in emergencies	\$\$\$	\$ No deductible; you pay a copay for office visits and hospital stays; most other services have no charge
Kaiser Permanente—CA Must use network providers, except in emergencies	\$	\$ No deductible; you pay a copay for office visits and hospital stays; most other services have no charge
Western Health Advantage Must use network providers, except in emergencies	\$	\$ No deductible; you pay a copay for office visits and hospital stays; most other services have no charge

\$ lowest costs in relation to all plans

On the At Your Service Open Enrollment website you'll also find:

Medical Plan Chooser—An interactive tool that helps you find the best medical plan for you based on your personal profile and preferences.

Tips for choosing a medical plan that's right for you.

Links to each medical plan's website with information about how the plan works; doctors, hospitals and specialists in the plan; and much more.

**YOUR COST FOR PRESCRIPTION DRUGS
GENERIC/BRAND/NON-FORMULARY**

BEST FIT FOR PEOPLE WHO:

Retail (30-day supply) \$10/\$25/\$40 Mail order/UC pharmacies (up to 90 days) \$20/\$50/\$80	<ul style="list-style-type: none"> • Want no deductible and fixed copay for in-network services • Accept primary care physician model for in-network care • Are willing to pay higher premium for access to out-of-network providers
Retail (30-day supply) \$10/\$25/\$40 Mail order/UC pharmacies (up to 90 days) \$20/\$50/\$80	<ul style="list-style-type: none"> • Are willing to pay higher premiums and cost per service for provider choice • Want direct access to all providers without need for referrals • Want access to in and out-of-network providers
HRA or you pay full cost up to deductible; then 20% at in-network pharmacies, 40% at non-network pharmacies	<ul style="list-style-type: none"> • Want lower premium and broad access to providers • Are willing to take an active role in managing care and costs • Are able to risk incurring greater out-of-pocket costs
Full cost until you reach the \$3,000 deductible then 20%	<ul style="list-style-type: none"> • Want to pay no monthly premium • Want protection for catastrophic care only • Are willing to risk incurring high out-of-pocket costs • Want direct access to all providers without need for referrals
Retail (30-day supply) \$5/\$20/\$35 Mail order/UC pharmacies (up to 90 days) \$10/\$40/\$70	<ul style="list-style-type: none"> • Want low premiums and cost per service • Are comfortable with HMO model: primary care physician manages care; no out-of-network coverage • Are content with the selection of community providers
Retail (30-day supply) \$5/\$20/\$35 Mail order/UC pharmacies (up to 90 days) \$10/\$40/\$70	<ul style="list-style-type: none"> • Accept higher premium to get access to wider network of providers • Want lower cost per service • Are comfortable with HMO model: primary care physician manages care; no out-of-network coverage
Retail (30-day supply) \$5/\$20/NA Mail order (31-100 days) \$10/\$40/NA	<ul style="list-style-type: none"> • Want low premiums and cost per service • Are comfortable with getting medical care only within the Kaiser system
Retail (30-day supply) \$5/\$20/\$35 Mail order/UC pharmacies (up to 90 days) \$10/\$40/\$70	<ul style="list-style-type: none"> • Want low premiums and cost per service • Are comfortable with HMO model: primary care physician manages care; no out-of-network coverage

\$\$

mid-range of costs in relation to all plans

\$\$\$

highest costs in relation to all plans

YOUR MEDICAL PLAN COSTS

UC continues to pay the greater portion of monthly medical plan premiums—on average 87.4 percent of the total cost. You pay the balance as shown in the tables on this page and the next.

Your costs are determined by your full-time salary rate as of January 1, 2011. It does not include any change in your pay later in 2011. See page 10 for additional information regarding premiums for represented employees.

FOR THOSE WITH FULL-TIME SALARY RATE OF \$48,000 OR LESS	SELF	SELF + CHILD(REN)	SELF + ADULT	SELF + ADULT + CHILD(REN)
Anthem Blue Cross PLUS	\$75.24	\$135.43	\$204.63	\$264.83
Anthem Blue Cross PPO	52.57	94.63	157.02	199.09
Anthem Lumenos PPO w/ HRA	8.07	14.53	16.95	23.40
Core	0	0	0	0
Health Net Blue & Gold HMO	23.08	41.55	95.10	113.56
Health Net HMO	79.27	142.69	213.10	276.52
Kaiser Permanente-California	8.07	14.53	16.95	23.40
Kaiser Umbrella (closed to new members)	95.92	172.66	248.06	324.80
Western Health Advantage (WHA)	8.07	14.53	16.95	23.40

FOR THOSE WITH FULL-TIME SALARY RATE OF \$48,001 TO \$96,000	SELF	SELF + CHILD(REN)	SELF + ADULT	SELF + ADULT + CHILD(REN)
Anthem Blue Cross PLUS	\$111.29	\$200.32	\$286.93	\$375.97
Anthem Blue Cross PPO	88.62	159.52	239.32	310.23
Anthem Lumenos PPO w/ HRA	44.12	79.42	99.25	134.54
Core	0	0	0	0
Health Net Blue & Gold HMO	59.13	106.44	177.40	224.70
Health Net HMO	115.32	207.58	295.40	387.66
Kaiser Permanente-California	44.12	79.42	99.25	134.54
Kaiser Umbrella (closed to new members)	131.97	237.55	330.36	435.94
Western Health Advantage (WHA)	44.12	79.42	99.25	134.54

This pay band structure enables UC to provide larger monthly employer contributions for employees earning less to help reduce monthly premiums for them.

The pay bands have been re-indexed to reflect the increase in the California Consumer Price Index (CPI) from 2010 to 2011.

FOR THOSE WITH FULL-TIME SALARY RATE OF \$96,001 TO \$144,000	SELF	SELF + CHILD(REN)	SELF + ADULT	SELF + ADULT + CHILD(REN)
Anthem Blue Cross PLUS	\$148.29	\$266.92	\$360.69	\$479.33
Anthem Blue Cross PPO	125.62	226.12	313.08	413.59
Anthem Lumenos PPO w/ HRA	81.12	146.02	173.01	237.90
Core	0	0	0	0
Health Net Blue & Gold HMO	96.13	173.04	251.16	328.06
Health Net HMO	152.32	274.18	369.16	491.02
Kaiser Permanente-California	81.12	146.02	173.01	237.90
Kaiser Umbrella (closed to new members)	168.97	304.15	404.12	539.30
Western Health Advantage (WHA)	81.12	146.02	173.01	237.90

FOR THOSE WITH FULL-TIME SALARY RATE OF \$144,001 OR MORE	SELF	SELF + CHILD(REN)	SELF + ADULT	SELF + ADULT + CHILD(REN)
Anthem Blue Cross PLUS	\$186.60	\$335.88	\$437.11	\$586.40
Anthem Blue Cross PPO	163.93	295.08	389.50	520.66
Anthem Lumenos PPO w/ HRA	119.43	214.98	249.43	344.97
Core	0	0	0	0
Health Net Blue & Gold HMO	134.44	242.00	327.58	435.13
Health Net HMO	190.63	343.14	445.58	598.09
Kaiser Permanente-California	119.43	214.98	249.43	344.97
Kaiser Umbrella (closed to new members)	207.28	373.11	480.54	646.37
Western Health Advantage (WHA)	119.43	214.98	249.43	344.97

OTHER PLAN CHANGES

VSP Network Change, Improved Contact Lenses Benefit in Store for 2012

Beginning January 1, 2012, UC will move from the Vision Service Plan (VSP) Signature network to the Choice network. This change will save the university about 20 percent of the plan cost while maintaining 98 percent of California providers. Those few participants whose providers will no longer be in the network may keep their current provider but receive a lower benefit or they can choose a new provider in the Choice network. You can view the list of providers online at vsp.com; select "Find a VSP doctor."

UC will use some of the savings to improve the benefit for contact lenses. Currently members receive a \$110 allowance toward the cost of an eye exam and contact lenses. Beginning January 1, 2012, members will pay a \$10 copayment for the eye exam and receive a \$110 allowance toward the cost of contact lenses.

VSP will add Costco as an affiliate provider in January 2012. Costco can now submit your claim for eyewear purchases and exams directly to VSP.

New Stand-Alone Health Reimbursement Account for Anthem Lumenos Plan

A stand-alone Health Reimbursement Account (HRA) will be available to Anthem Lumenos PPO members who lose eligibility for the plan because they become eligible for Medicare.

Employees enrolled in the Anthem Lumenos plan may continue in the plan when they retire until they become eligible for Medicare. Once they become Medicare-eligible, they are required to enroll in another plan. If they continue enrollment in another UC-sponsored retiree plan and have an HRA balance of \$100 or more, the balance will be transferred to the Lumenos StandAlone HRA and can be used for reimbursable expenses. Those expenses include deductibles, coinsurance and copays for covered medical, behavioral health and pharmacy expenses, medical premiums and Medicare Part B premiums not reimbursed by UC.

For details, see the Anthem Lumenos plan brochure and FAQ, on the Anthem website <http://www.anthem.com/ca/uc/>

StayWell Incentive Program

StayWell is UC's wellness initiative for employees and their adult family members enrolled in most UC-sponsored medical plans. It features an annual health assessment, online health resources, interactive tools, and wellness coaching.

Employees and their spouse/domestic partner will be eligible for an incentive award if they complete the Health Assessment by June 15, 2012 and a follow-up activity by December 15, 2012. The incentive award for employees is a \$100 gift certificate and for spouses/domestic partners, it is a \$50 gift certificate.

The StayWell program is available to those enrolled in UC medical plans except Kaiser, which provides similar wellness resources to its members via its HealthWorks program.

Employees represented by some UC unions are not eligible for StayWell because participation has not been agreed to on behalf of their members during the collective bargaining process.

Flexible Spending Accounts

Open Enrollment is the time to enroll or re-enroll in Dependent Care and/or Health Flexible Spending Accounts. Consider enrolling if you expect your 2012 out-of-pocket expenses to be between \$180 and \$5,000. You must enroll during Open Enrollment if you wish to participate in 2012.

The Conexus website (UC.conexisfsa.com) provides a list of eligible FSA expenses and links to FSA calculators to help you estimate the amount you should contribute and your potential tax savings.

The 2012 plan year is the final year that you can elect to put up to \$5,000 in your Health FSA. Beginning January 1, 2013, the Health FSA maximum election amount will be \$2,500. So, if you're thinking about a costly procedure such as LASIK surgery or getting braces, you may want to act on it in 2012. That way you can take full advantage of your FSA savings.

Keep this information in mind as you choose your election amount for the upcoming FSA plan year. But remember that any money you do not use by March 15, 2013 and claim by April 15, 2013 will be lost.

New Family Care Services Benefit Available in 2012

One of the toughest challenges many working adults face is finding the right caregivers for their loved ones. Beginning January 2012, UC is offering faculty and non-represented staff membership in Sittercity, an online referral service for in-home caregivers.

Whether you need a full-time nanny or an emergency back-up eldercare provider—even a pet sitter—Sittercity can help.

To use the benefit, you register with Sittercity; UC pays the fee that gives you access to pre-screened caregivers including babysitters, nannies, elder-care providers, dog walkers and pet sitters, tutors and housekeepers.

Then you make all the arrangements including hiring and payment of caregivers.

If you need a caregiver on short notice, such as when your child gets sick, or school closings, or your parent needs a ride to a medical appointment and you must be at work, you can post a short-notice job or search the caregivers who are available on short notice.

Watch for more information about this benefit in the next few months. You can sign up as a member beginning January 1, 2012.

Reduced Premiums for AD&D

Premiums for employee-paid accidental death and dismemberment insurance will be lower in 2012. The new rates are posted on the Open Enrollment website. You can enroll or increase your coverage in the AD&D plan at any time.

THINGS TO CONSIDER

Transitioning from one plan to another

If you want to change your medical plan during Open Enrollment and you or a family member is pregnant, scheduled for surgery/other medical procedure or continuing treatment in late 2011, call the new plan and ask how they will oversee the transition of your care.

If You or a Family Member Become Eligible for Medicare in 2012

If you continue working at UC past age 65, you are not required to sign up for Medicare Part A or Part B. Any family member covered by your plan who becomes eligible for Medicare may also defer signing up for Medicare. When you retire or if you or your covered dependents lose your employer medical coverage, you must immediately enroll in Medicare. If you do not enroll immediately, Medicare may charge a permanent 10% penalty for each full year you could have had Part B and didn't.

If you plan to retire in 2012, are eligible for retiree health insurance, and expect to enroll in Medicare during the year, consider whether the Medicare version of your medical plan offers the benefits you may want. If not, Open Enrollment is the time to change plans. You will not be allowed to change plans mid-year simply because you have become eligible for Medicare or have elected to retire.

Medicare plan service areas may differ from non-Medicare plan service areas. The Medicare version of your medical plan may have different benefits, medical groups, specialists and behavioral health providers. Call the plan directly or visit its website for more information.

For Medicare information, read the UC Medicare Factsheet, available on the At Your Service website or from your local benefits office.

Review of Family Member Enrollment Coming in 2012

Every year, UC pays health insurance premiums for faculty and staff family members who aren't eligible to be covered by our benefits plans. This adds to the cost of benefits for both the university and employees.

With UC's fiscal challenges continuing, we want to be sure we are covering only those eligible under our plans. Human Resources plans to conduct a complete review of all enrolled family members beginning in January 2012 in an effort to reduce the number of ineligible family members enrolled in benefits plans.

Faculty and staff will be asked to provide appropriate documentation—marriage or birth certificates, verification of domestic partnerships, adoption and tax records—to verify that their family members are eligible for coverage.

This year's Open Enrollment is the time to make sure only your eligible family members are enrolled in your plans and to de-enroll any ineligible members. You can use the Open

Enrollment application on At Your Service to update your covered family members.

If you're not sure whether your family member is eligible, check the *Group Insurance Eligibility Factsheet*, available on the At Your Service website (atyourservice.ucop.edu).

If the family member review reveals you are covering ineligible family members, the ineligible members will be permanently de-enrolled immediately. In certain cases, you may also risk de-enrollment of you and your family members.

Watch for more information on the family member review in 2012.

Are Your Beneficiaries Up-to-Date?

Your beneficiary is the person to whom benefits are payable in the event of your death. It is important to name your beneficiaries to ensure that any benefits payable at your death are left to the survivors you intend.

You can name beneficiaries for your pension, life insurance and/or accidental death and dismemberment benefits online by signing in to your personal account on the At Your Service website. If you'll be signing in to make Open Enrollment changes, why not check to see if your beneficiaries and their contact information are up to date while you are making your Open Enrollment changes?

To name beneficiaries for your Retirement Savings Program plans—Defined Contribution, 403(b) and/or 457(b)—log in to the Fidelity Retirement Services website (netbenefits.com). Then select "My Profile" and then "Beneficiaries."

You may name the same or different beneficiaries for your various benefits. You also may name more than one beneficiary for a single benefit, such as your life insurance, and specify the percentage that each beneficiary is to receive.

Keep in mind, that if you are married, your spouse may have a legal interest in benefits payable at your death. A beneficiary designation may be subject to challenge if it will result in your spouse receiving less than his or her share of that portion of the benefit that is considered community property.

Are You Satisfied with Your Retirement Savings?

Are you saving enough for retirement? Are you happy with the way your retirement savings are invested? You can view your retirement savings accounts and make changes to your investment funds at netbenefits.com.

Not confident about making changes? You can learn more about investing for retirement and UC's Retirement Savings Program on the UC Focus on Your Future website (ucfocusonyourfuture.com). It has information targeted to your needs, whether you're just starting to invest or getting ready to retire. You can also view descriptions and a calendar of financial education classes that UC offers at no cost to you.

The Women's Health and Cancer Rights Act Annual Notification of Rights

The Women's Health and Cancer Rights Act of 1998 (Women's Health Act) requires group medical plans such as those offered by UC that provide coverage for mastectomies to also provide certain related benefits or services.

Under a UC-sponsored medical plan, a plan member (employee, retiree, or eligible family member) who receives a mastectomy and elects breast reconstruction in connection with the mastectomy must receive coverage for the following: reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Coverage will be provided in a manner determined in consultation with the patient's physician and is subject to the same deductibles, coinsurance, and copayments that apply to other medical or surgical benefits covered under the plan.

If you have questions, please contact your medical plan carrier or refer to your carrier's plan booklet for specific coverage.

Terms and Conditions

The Terms and Conditions governing participation in UC-sponsored health and welfare plans can be found on the Open Enrollment website: atyourservice.ucop.edu

Notice to employees in collective bargaining units

Changes in employee contributions to existing plans for 2012 will not become effective for employees in bargaining units with expired collective bargaining agreements until the University and union representatives reach agreement or until the rates are in effect, in accordance with the requirements of HEERA.

Information about the medical plan options on the Open Enrollment website and in written communications to all employees during Open Enrollment reflect the 2012 contribution rate for all participants.

Employees in bargaining units with expired collective bargaining agreements can make enrollment changes during Open Enrollment. They will be charged the applicable employee contribution rate for their bargaining unit until the University and the unions' representatives reach agreement or until the rates are in effect, in accordance with the requirements of HEERA.

Other notices online

Under HIPAA (Health Insurance Portability and Accountability Act of 1996), you may have additional opportunities outside of Open Enrollment to enroll in a UC-sponsored medical plan—for instance, if you have lost eligibility for coverage in another plan. However, certain conditions apply. See the full HIPAA notice on the Open Enrollment website (atyourservice.ucop.edu).

The Creditable Coverage notice pertaining to Medicare Part D prescription drug coverage is also available online.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from UC, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid (Medi-Cal in California) or CHIP office or visit www.insurekidsnow.gov or dial 1-877-KIDS-NOW to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for a UC-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, you have the right to enroll yourself and your dependents in the plan—as long as you and your dependents are eligible, but not already enrolled in a UC plan. This is called

a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in California, you can contact the California Medicaid (Medi-Cal) office for further information on eligibility at:

Website:

http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx

Phone: 1-866-298-8443

If you live outside of California, please visit the UC Open Enrollment website (atyourservice.ucop.edu/open_enrollment/docs/chipra.pdf) for a list of states that currently provide premium assistance. The list is effective as of July 31, 2011, and includes contact information for each state listed.

To see if any more states have added a premium assistance program since July 31, 2011, or for more information on special enrollment rights, you can contact:

**U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services**

www.cms.hhs.gov

1-877-267-2323, Ext. 61565

By authority of The Regents, University of California Human Resources, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by The Regents. Source documents are available for inspection upon request (1-800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits—particular rules and eligibility requirements must be met before benefits can be received.

The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees, and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether, and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. For more information, employees should contact your Human Resources Office and retirees should call UC Customer Service (1-800-888-8267).

In conformance with applicable law and University policy, the University is an affirmative action/equal opportunity employer. Please send inquiries regarding the University's affirmative action and equal opportunity policies for staff to Systemwide AA/EEO Policy Coordinator, University of California, Office of the President, 1111 Franklin Street, Oakland, CA 94607, and for faculty to Associate Director of Academic Personnel, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.

University of California
Human Resources
P.O. Box 24570
Oakland, CA 94623-1570

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**HEALTH
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ENROLLMENT

October 31, 8am—November 22, 5pm

**HEALTH
BENEFITS
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UNIVERSITY OF CALIFORNIA
FACULTY AND STAFF

October 31, 8am—November 22, 5pm

2012